

**THE UNIVERSITY OF INDIANAPOLIS WOODROW WILSON
INDIANA TEACHING FELLOWSHIP PROGRAM:
REVIEWING THE POLICY IMPLICATIONS OF
UNIVERSITY-BASED URBAN CLINICAL RESIDENCY
PROGRAMS IN STEM TEACHER PREPARATION**

Recent research suggests the need for more intensive clinically-based teacher preparation programs. Many institutions of higher education, in partnership with school districts and education reform organizations, are responding to these findings. This article focuses on the experience of administrators and faculty in one urban teacher residency program in order to articulate the policy questions raised by clinically-based programs, and to delineate how current university, state and federal policies assist or hinder the development of such programs.

The current reform movement can be seen as a revolt against the aging school organization inherited from the nineteenth and early twentieth centuries and as a search for a new paradigm.... For the foreseeable future, the education policy scene will be turbulent with many new policy proposals, many changes, and many failed experiments.... When systems are in flux, individuals have a chance to exercise influence that they do not have when systems are stable. Thus, those school leaders who want to, will be able to identify those trends in their states or districts that they support and work to advance them. Over the span of a career they will be able to bring about some of the education changes that they consider most needed. Looking back over a lifetime of work, they should be able to feel a genuine sense of accomplishment as they think about how they helped construct the new Kansas. (Fowler, 2004, p. 348)

From the perspective of the faculty and administrators of the University of Indianapolis Woodrow Wilson Indiana Teaching Fellowship Program, this article explores the challenges of creating and implementing an urban clinical residency model focusing on STEM teacher preparation given university, state and federal policies guiding teacher education.

The University of Indianapolis (UIndy) is a small liberal arts institution located in Indianapolis, Indiana that serves approximately 5,000 students. The university is accredited by the Higher Learning Commission and a national survey found that students ranked UIndy faculty near the top in accessibility and helpfulness. Not surprisingly, given this student-centered approach, faculties within the School of Education (SOE) and the College of Arts and Sciences (CAS) at UIndy are committed to navi-

gating the volatile waters of higher education collaboration. In 2002, the Association of Independent Liberal Arts Colleges of Teacher Education (AILACTE) recognized UIndy as a program of distinction for the efforts made by both SOE and CAS in the creation of the Center of Excellence in Leadership for Learning (CELL).

The SOE and CAS came together again in 2008 to create the UIndy Woodrow Wilson Indiana Teaching Fellowship Program (WWITFP). The New Jersey-based Woodrow Wilson Foundation, long committed to excellence in American education, chose Indiana as the state in which to launch this national STEM-focused Fellowship program based on several factors: a favorable climate for education reform; the large number of high-need schools in the state; the state-wide impact that training sixty to eighty highly-qualified STEM teachers per year could make; and the commitment of the Lilly Endowment to funding the Fellowships and program planning costs.

After an extensive application and interview process, the Woodrow Wilson Foundation chose four Indiana institutions to develop and launch new teacher preparation programs to host the Woodrow Wilson Fellows: Ball State University, Indiana University-Purdue University at Indianapolis, Purdue University, and University of Indianapolis. The UIndy is the only small, private, liberal arts institution among this group. These universities substantially revised their teacher preparation programs during 2008–2009, and the first Fellows began their studies in summer 2009, with the exception of Ball State University, where the first cohort of Fellows began in summer 2010. Since then, the WWITFP has expanded to Ohio and Michigan, where thirteen universities revised their teacher preparation programs in 2010–2011 and Fellows began their studies in summer 2011.

The Woodrow Wilson Teaching Fellowships are the equivalent of Rhodes Scholarships for teachers, and the program has three goals:

- To recruit high-quality candidates into teaching math and/or science in urban and rural high-need schools;
- To retain those candidates in teaching with three years of intensive mentoring support;
- To improve the quality of teacher education in American's colleges and universities through restructuring the curriculum and expanding the clinical experience.

The Fellows are recruited nationally, and face a rigorous selection process. Applicants must hold a bachelor's degree in a STEM-related field, have a minimum GPA of 3.0, and demonstrate a record of scholarly and professional achievement as well as a strong commitment to urban or rural high-need teaching. They must also perform well during a lengthy interview day that consists of a teaching episode, a writing event, and a one-on-one conversation with a content expert.

Research on Clinical Experiences in Teacher Preparation

As Burton and Greher (2007) point out, there is an abundance of literature arguing for the importance of including cohesive, high-quality, long-term clinical experiences in teacher preparation programs (Carnegie Forum on Education and the Economy, 1986; Darling-Hammond, 2006; Goodlad, 1991; Holmes Group, 1986; Levine, 2006; National Commission on Teaching and America's Future, 1996). In 2010, both the American Association of Colleges for Teacher Education (AACTE) and the National Council for Accreditation of Teacher Education (NCATE) came out with substantial reports focusing on the need for university-based teacher preparation to be reformed around enhanced clinical preparation tightly integrated with coursework, and developed in close partnership with school districts, arts and sciences faculty, and other stakeholders. The NCATE (2010) report notes that clinically-focused programs, including the Woodrow Wilson Teaching Fellowship Program, are currently not the norm in university-based teacher education (p. 8).

Berry, Montgomery, and Snyder (2008) argue that the urban teacher residency, a model in which the clinical experience is central, offers a way to combine the best of university-based and alternative approaches to teacher education. They note that urban teacher residencies build on the professional development school model long supported by NCATE, and provide the opportunity to fully integrate coursework and clinical practice in a supportive year-long experience. However, the urban teacher residency model places greater emphasis on actively recruiting high-quality candidates than does the professional development school model, as well as on meeting the specific needs of urban high-need districts and providing mentoring programs for new teachers.

The Boston and Chicago teacher residency programs are the best-known models for successful district-based teacher preparation, and they share seven defining principles of strong teacher residency programs (Berry, et al., 2008):

- 1) Weaving education theory and classroom practice together in a year-long residency;
- 2) Focusing on candidate learning alongside an experienced, trained and well-compensated mentor;
- 3) Preparing candidates in cohorts to cultivate a professional learning community, foster collaboration and promote school change;
- 4) Building effective partnerships and drawing on community-based organizations to promote a 'third space' for teacher preparation (Zeichner 2010);
- 5) Serving school districts by attending to both their teacher supply problems and their curricular goals and instructional approaches;

- 6) Supporting candidates for multiple years once they are hired as teachers of record;
- 7) Establishing incentives and supporting differentiated career goals to retain and reward accomplished teachers.

These models, along with Linda Darling-Hammond's work with John Bransford (2005) and her book on effective teacher education programs (Darling-Hammond, 2006), strongly informed the development of the UIndy WWITFP.

The UIndy WWITFP Urban Clinical Residency Model

Working in collaboration with three urban high-need school districts in Indianapolis—the Metropolitan School District of Wayne Township (Wayne), the Metropolitan School District of Decatur Township (Decatur), and Indianapolis Public Schools (IPS)—UIndy developed the WWITFP. The program emphasizes project-based learning (PBL), and links a one-year urban clinical residency leading to licensure and the Master of Arts in teaching degree with three years of post-placement mentoring support. Coursework and clinical experience are integrated in a full-time program that is aligned with district, not university, calendars.

The relationships between the UIndy SOE and these three urban districts were already in place prior to establishing the WWITFP. Historically, these relationships had been typical of university/district partnerships as defined by Johnston (1997), meaning that these relationships were primarily based on university needs and developed by university faculty. With the opportunity to create a new urban clinical residency program, university and district faculties were invited to take part in a more reciprocal and dynamic experience. The bulk of the curriculum and program development work occurred during the summer of 2008, with representatives from all three district partners, the School of Education, the College of Arts and Sciences and the Center for Excellence in Leadership of Learning around the table. The district partners were excited about this opportunity to grow their own future colleagues and to play a more prominent role in the teacher education process, and their input led the group to focus the program on project-based pedagogies and to centralize clinical experience and the role of master teachers within it.

In the UIndy WWITFP model, excellent science and math teachers are identified by their administrators to serve as program leaders within their school district. These teacher-leaders are appointed as WWITFP clinical faculty and compensated as UIndy adjunct faculty, and serve as the school-based liaison between the university and the district. Two clinical faculty members, one science teacher and one mathematics teacher, are paid an additional sum to teach the methods courses in the program.

The administrators in Decatur and Wayne gave clinical faculty

members the authority to identify and recruit master teachers within their schools to serve as cooperating mentor teachers (CMTs) who would share their classroom and expertise with Fellows. In IPS, this role was originally assumed by a district-level administrator, and after that district's first year of full-time participation in the program, the role was shifted to the clinical faculty members within that district. The university asked that cooperating mentor teachers be chosen not based on seniority but based on teaching expertise, particularly in inquiry and project-based pedagogies, and for their ability to effectively mentor new teachers. The exact criteria for choosing the cooperating mentor teachers were determined by the clinical faculty in each district in consultation with UIndy WWITFP faculty members and administrators.

Cooperating mentor teachers in each district agree to host one Fellow in their classroom for an entire school year. After receiving intensive summer training in working with diverse learners, as well as reviewing content standards and core concepts in their disciplines, Fellows begin the fall semester by observing in classrooms. They segue into assisting with various teaching activities, and then start teaching full lessons under the guidance of the cooperating mentor teacher. These activities take place during three half-days per week.

During the other half of those three days, Fellows visit a variety of school settings. These include classrooms in all three partner districts, charter schools representing several national models, and schools serving different grade levels than the Fellow's residency school. The other two days per week are spent on campus in academic coursework. The clinical residency experience allows the Fellows to immediately apply their university coursework to real classrooms and students, and to bring practice-related questions and examples into academic conversations and projects.

After winter break the Fellows begin teaching one of their cooperating mentor teacher's classes full-time, and over several weeks, they gradually begin teaching a full load of classes. Fellows also continue to meet with the WWITFP associate director/clinical coordinator in a weekly two-hour clinical seminar to receive just-in-time support. Fellows teach a full load for almost all of the second semester, phasing out gradually during the last two or three weeks of the district's school year. In June, Fellows complete a substantial capstone project.

Both clinical faculty and cooperating mentor teachers attend training sessions prior to the start of each semester, as well as a debriefing/program evaluation session at the end of each school year. It is interesting to note the commitment of the clinical faculty and cooperating mentor teachers to the WWITFP. Three of the six 2011–2012 clinical faculty members have been involved in the program since it began in 2009–2010, and one of them played an integral role in the 2008–2009 program planning process. Of the other three 2011–2012 clinical faculty members, one has been involved with in the program for two years, one was hired to replace a

clinical faculty member who moved on to an administrative position, and one was hired in a school where we have placed a Fellow in residency for the first time. Since the program's beginning three years ago, six cooperating mentor teachers have served in that role for every year of the program. Another ten cooperating mentor teachers have each hosted a Fellow for two of the program's three years. In the program evaluation process, the clinical faculty and cooperating mentor teachers have indicated that they enjoy participating in the UIndy WWITFP because it enhances their own teaching practice and allows them to serve in a teacher-leadership role.

The post-placement mentoring program serves as an extension of the clinical residency. Once Fellows are hired in an urban high-need school, whether or not they are hired in one of the partner districts, the WWITFP continues to support their development as urban teachers who can positively impact student engagement and achievement. Each Fellow is assigned a content-area mentor who maintains regular contact with that Fellow via in-person observations and various technologies. Charlotte Danielson's (2007) *Enhancing Professional Practice: A Framework for Teaching* provides frameworks for these mentoring sessions. Fellows also attend two Saturday sessions per semester that feature workshops and critical conversations. In their third year of teaching, Fellows present and execute a personalized professional development plan. Throughout the three years of the mentoring program, the university remains in regular contact with leaders at each school that has hired one or more Fellows, to ensure the coordination of support.

University Policy and the Urban Clinical Residency Model

University-level policies and procedures have mostly proven to hinder the development of a clinically-based teacher preparation program, although the University of Indianapolis as a small private institution has been nimble enough to respond quickly to barriers. In particular, program development has challenged policies and procedures in the following areas: faculty governance of curriculum; faculty work; on-campus and university-school partnerships; and program costs and budgeting.

Faculty Governance of Curriculum

Many challenges arise when attempting to closely link coursework to clinical practice in a university setting. How to balance a program's need for a holistic, integrated, collaboratively-developed curriculum with each faculty member's right to decide what to teach and how to teach it? How to manage faculty members' anxiety about stripping 'their' courses down to the bone in order to make more room in the curriculum for the clinical experience, as well as essential topics in urban teacher preparation such as working with multi-lingual learners and special education stu-

dents, and collaborating with families and communities? How to respond to candidates' needs in the clinical setting while maintaining the integrity of a course whose content and objectives have been approved through the university's curricular process? How to revise curricula quickly enough, given the length of time that the university curricular process takes?

At UIndy, we have responded to these challenges in a variety of ways. First, it is imperative to recruit faculty to participate who are wholly committed to the urban teacher residency model and its focus on preparing high-quality teachers for high-need schools. Faculty commitment to the overall goal helps them to creatively address some of the challenges inherent to rethinking curricular business-as-usual, including shifting from thinking about individual courses to thinking about the program as a whole experience. We found that as the WWITFP model emerged, some faculty stepped out of the process and others stepped forward, excited about being part of the reform process.

Second, it is important to hold regular program faculty meetings to create a community of people who are committed to the program and its success. At UIndy, we have also encouraged the WWITFP faculty to develop scholarly projects related to the program, which has created stronger collegial relationships among the faculty and has provided valuable information about the program itself.

Third, it is important to use evaluation data to review and update the curriculum annually so it stays as fresh and responsive to district and candidate needs as possible, within the confines of the university curriculum approval process.

Fourth, it is important to create a space in the curriculum that is wholly devoted to responding to candidates' needs in the clinical setting. While all UIndy WWITFP faculty members integrate the Fellows' clinical experiences into course-based assignments, the curriculum also includes a weekly two-hour clinical seminar whose syllabus is flexible enough to accommodate just-in-time conversations. The seminar also provides a space in the evening for critical conversations to occur between Fellows, university faculty, clinical faculty, and cooperating mentor teachers.

Faculty Work

The clinical residency model challenges traditional university policies and practices guiding the assignment of faculty load. How should chairs and deans account for the extra, non-credit bearing work that faculty must do to collaboratively create and maintain an urban clinical residency program, which is in addition to the work they do within other School of Education and College of Arts and Sciences programs? This work includes co-planning and co-teaching with each other and with district clinical faculty and cooperating mentor teachers; spending time in the clinical setting; working closely with each Fellow to provide differentiated sup-

port and feedback; collaborating to assess each Fellow's progress at key transition points in the program; assisting with the program admission process each year; and participating in annual curriculum evaluation and revision. Further, how to bridge the gap between the traditional definitions of scholarship which inform promotion and tenure decisions, and the time-intensive commitment that a clinical residency program requires? How to balance academia's emphasis on faculty dissemination of scholarship with the need in a clinical residency program to hire master practitioners?

At the UIndy, faculty who teach during the regular school year earn an extra credit hour of load over and above the credit hours assigned to their WWITFP course in order to account for the extra collaborative work the program requires. For example, EDUC 631: Science and Math Pedagogy I is co-taught by one teacher education faculty member, one biology faculty member, one chemistry faculty member, and one mathematics faculty member. The teacher education faculty member manages the co-teaching process, and teaches the full cohort of Fellows how to design and deliver PBL units to students. The CAS faculty members support Fellows to incorporate rigorous and accurate content into their PBL units, including safe laboratory and field experiences. The course is a mix of large group, small group and individual meetings, and all four faculty members are assigned four hours of load while the Fellows earn three credit hours.

Faculty contributions to the WWITFP are recognized in the promotion and tenure process by the deans of the School of Education and the College of Arts and Sciences. This recognition is enabled by the emphasis at UIndy on excellence in teaching, and by the practice of 'counting' teaching-related publications and presentations as scholarship. The university's flexible definition of scholarly productivity has also enabled the UIndy WWITFP to hire master practitioners as full-time faculty members. For example, the program's associate director, who teaches the clinical sequence of courses, has a master's degree in education, twenty years of science teaching experience, and over ten years of educational consulting and professional development experience. Her knowledge base and professional networks have helped us to build strong clinical and mentoring partnerships, and the candidate survey data collected tri-annually by the Foundation indicates that her courses are highly valued by the Fellows for their immediate applicability to their clinical work.

On-Campus and University-School Partnerships

Ongoing faculty collaboration is central to the urban clinical residency model, both within and across units on campus, and between universities and clinical sites. This raises questions about how to craft policies and procedures that support intensive collaboration. How to nurture these partnerships once they are established, given the differences in disciplinary and institutional cultures? How to incentivize ongoing participation in the hard

work of collaboration, particularly for CAS faculty who are sometimes less clear than SOE faculty or school districts as to why participation is worth their time? What are the implications of the WWITFP urban clinical residency model for university and district policies governing the selection and training of cooperating mentor teachers and clinical faculty? What are the implications for universities and schools of the brand-new relationship between them that a three-year mentoring program demands?

Strong partnerships demand ongoing attention, and maintaining them is an ongoing challenge. Program administrators—in UIndy's case, a director in charge of program/curriculum development, program evaluation, and the relationship with the Woodrow Wilson Foundation, an associate director in charge of the clinical residency and Fellow support, and a mentoring program coordinator—are all in regular communication with each other and the many people involved in the program, to keep information flowing and relationships current. However, we struggle to bring the university faculty together with the school-based clinical faculty and cooperating mentor teachers, since the former group tends not to be available after 4:30 p.m., which is when the latter groups become available.

One lesson learned is that strong collegial relationships between many individuals can drive the success of a program. We have been lucky to retain three CAS faculty members as WWITFP affiliated faculty for all three cohorts of Fellows, and as of this writing they are all committed to coming back for a fourth year. However, when these faculty members need to take a break, there are not replacements waiting in the wings, despite the fiscal and evaluative support of the CAS dean. We continue to work to involve other CAS faculty members in the program in small ways, to develop their knowledge and support of the program and to emphasize the importance of content experts within it.

The 2010 AACTE and NCATE reports both advise to fully involve practicing teachers in the training and assessment of teacher candidates, and to work with partner districts to more carefully evaluate the teaching practice of those who wish to serve in these roles. The UIndy WWITFP approach to selecting and training clinical faculty and cooperating mentor teachers aligns with these recommendations. However, although we have had a terrific response from high-quality teachers willing to share their expertise, we fear that we may see fewer teachers willing to open their classrooms to novices as their own evaluations become increasingly determined by student test score data. This concern is discussed at length below, in the context of state education policies.

We have perhaps been most surprised at the new relationships with schools that have been forged by the mentoring component of the WWITFP. While the usual practice is to wave goodbye to candidates at graduation and to hand the relationship off to the alumni affairs office, the mentoring program requires an ongoing and intimate relationship between the university, the recent graduate, and the school that hired the gradu-

ate as a science or math teacher. On the one hand, the mentoring program strengthens our relationships with Indiana schools, especially our three partner districts who have hired 40% of the Fellows graduating in the first two cohorts. The other 60% of our Fellows have been hired by high-need districts and charter schools in Indianapolis, Evansville, Hammond, and South Bend. On the other hand, we are faced with maintaining the multiple relationships necessary to mentor thirty Fellows working in almost as many schools, with another fifteen Fellows to be added to that number next year. These relationships also raise complex personnel issues; for example, how much information can and should a school leader provide to us about an employee's evaluation? We are developing specific forms and procedures that will help us to manage this process.

Program Costs and Budgeting

The campus community has often viewed graduate education programs as cash cows for the university, but urban clinical residency programs are expensive to run. While Berry, et al. (2008) argue that residencies are not necessarily more expensive than traditional teacher education programs, they go on to point out that residencies “allocate resources earlier and later in the teacher development process that IHEs typically do,” spending more money on both recruitment and post-credentialing support (p. 16–17).

In UIndy's experience—and as noted in the NCATE (2010) report—a clinical residency program does cost more, primarily because of the substantial increase in the number of clinical faculty and in the stipends paid to cooperating mentor teachers (p. iv). There are additional costs incurred to pay overload to faculty on 9-month or 10-month contracts to support the work of a year-round program; to support substantial mileage costs; to host a variety of partnership-maintaining meetings; and to support external program evaluation. In addition, the mentoring program is not credit-bearing, with the exception of one credit in the first year of teaching, and therefore is not self-sustaining via tuition revenue. We can run the WWITFP budget on the revenue from tuition if we recruit and retain enough Fellows, but without the support of the Woodrow Wilson Foundation we would not be able to recruit aggressively enough to attract enough high-quality candidates, nor could we fund the \$30,000 Fellowships or support the mentoring program.

Overall, what do universities need if we are to meet the challenge of developing high-quality clinical residency programs to train high-quality teachers? Clearly, universities will need to develop the flexibility to create and manage programs that do not fit into current course-credit-oriented, campus-based, semester-based structures. These programs must support and reward university and district faculty for participation, which will require the redefinition of faculty work in both locations to include clinically-based teacher preparation. These programs must be created and sus-

tained via equal partnerships between universities and districts, in which both play a role in the selection and placement of candidates, the delivery of the teacher education program, and the evaluation of candidate performance. Finally, resources will need to be re-allocated and alternative funding models will need to be developed in order to sustain a nationwide shift to the clinical model of teacher preparation.

State Policy and the Urban Clinical Residency Model

Although the continuation of the Woodrow Wilson Indiana Teaching Fellowship Program at all four participating institutions is being supported by the state through a one-time allocation of budget dollars to fund the \$30,000 Fellowships for two more cohorts, it is evident that current state-level policies could have an adverse impact on urban clinical residency programs.

For example, with the acceptance of federal stimulus funds through the American Recovery and Reinvestment Act of 2009, Indiana has committed itself to an evaluation of a teacher effectiveness system which will connect teacher performance evaluation, and thus merit pay, with the results of student achievement testing (Center for Educational Policy, 2010). In spring 2011, the Indiana Senate Enrolled Act 1 passed both houses of state government, mandating the evaluation of teachers predicated on a combination of teacher observation and student test scores. While the new evaluation system is yet to be implemented, clinical residencies and traditional teacher preparation programs are beginning to feel the angst of teachers who are unwilling to accept student teachers. Some teachers will agree to accept student teachers but will not allow them to teach critical classes such as Algebra 1, a course whose end-of-course assessment test will be the designated instrument for evaluating that teacher's impact on student learning.

It remains to be seen how similar concerns may impact clinical experiences for candidates preparing to teach biology and chemistry. Although end-of-course assessments in these content areas are not factored into school accountability data per Indiana's Public Education Reform Law 221-1999, they may also become part of an individual district's teacher evaluation criteria in the future.

In a similar vein, although the WWITFP model emphasizes project-based learning as an instructional strategy for the Fellows' repertoire, some of their cooperating mentor teachers caution Fellows that project-based learning focuses too much time on process and not enough on content. Although we see calls for placing a higher priority on improving the funding of high schools to promote reform (Center for Educational Policy, 2010), at a time when teachers are facing evaluations tied to test scores, their willingness to experiment with PBL and other inquiry-based approaches appears to be waning in some schools. One of our partner districts employs a project-based learning coach and is continuing to expand

the model into middle and elementary school classes. This is not the case in the other two partner districts, although they have each developed one small school based on the New Tech model which incorporates PBL.

Controversy and worries about the new state-mandated teacher evaluation system, which generated considerable opposition during the legislative session, may have generated negativity in some schools. This negativity is challenging the WWITFP faculty to hold diplomatic conversations with Fellows about best practices in teaching as well as the accuracy of information regarding mandated changes, while also respecting our partner teachers' understandable anxiety over upcoming changes. As our core program goals are being impacted by changes in state-level conversations about education, we are continuing to examine and re-define how we educate and work with our cooperating mentor teachers.

In order to keep our Fellows informed about current education policy, and to align their training with state-level expectations, we are also monitoring the implementation of the new teacher evaluation system. In Indiana, this system will follow either (a) a state-designed evaluation rubric being referred to as RISE (Indiana Department of Education, 2011a), (b) the System for Teacher and Student Advancement (TAP) model (Center for Excellence in Leadership of Learning, 2011) which includes a coaching/assessment component, or (c) district-developed rubrics approved by the Indiana Department of Education. While all three models are based on the work of Charlotte Danielson (2007), which we used to develop our mentoring program, it will be critical that we are also using these state-mandated measures to evaluate Fellows' performance in the program, as opposed to basing our evaluations on the new InTASC principles or our own conceptual framework as suggested by our NCATE accreditation process.

In his most recent State of Education Address, Indiana's Superintendent of Public Instruction ("Bennett's plan to expand reforms," 2011) proposed a legislative initiative for January 2012 which will extend the recently enacted letter grading system for the evaluation of schools (similar to the Florida model) to all teacher preparation programs in the state. While the state-level WWITFP evaluation plan includes collecting data about the achievement of the Fellows' students, that data has not yet been made available. In fact, the state is still struggling to link student achievement data to teachers, due to reduced capacity in the Department of Education. The actual ability of student achievement data to inform teacher preparation programs, and the metrics that will be used to do so, have the potential to thwart our inclinations toward innovation. We are eagerly waiting to learn more about the metrics, as well as the ability of the state to break down the data according to each preparation program within an institution of higher education (i.e. undergraduate, post-baccalaureate, etc).

Using Indiana's Public Education Reform Law 221-1999, which preceded the No Child Left Behind Act (2001), the Indiana Department of

Education has recently moved to take over five low-performing schools. Four of these schools are within one of our partner districts. As of fall 2011, contracts have been signed with three different agencies to manage these schools (Indiana Department of Education, 2011b). We expect that the takeover process will result in the movement of hundreds of teachers as the managing agencies do not renew teacher contracts. Rumors abound that all middle and high school teachers in the district have been “pink slipped” in anticipation of “bumping” to move teachers throughout the district, and according to IPS officials, full-time teaching positions have already been cut by almost 30% since 2009 (“Indianapolis district cutting 350 teaching jobs,” 2011). These realities profoundly challenge the integrity and stability of our urban clinical residency program in this district.

While at least eight states have committed to participating in the NCATE Alliance for Clinical Teacher Preparation (NCATE, 2010), the state of Indiana is not one of them. Nor has the state opted to participate in the new Teacher Performance Assessment being piloted in over twenty states as a measure of candidate readiness for teaching (Berry, 2010; AACTE, 2011). These particular initiatives could have had positive implications for our clinical residency program, had Indiana adopted them. In contrast to initiatives like these, recent teacher licensing requirement changes in Indiana have been based on input measures—numbers and types of courses, for example—rather than on supporting the development of clinical residencies and performance-based assessment (“Governor signs new teacher licensing rules,” 2010).

New teacher standards adopted in the state in December 2010 detail extensive expectations for content knowledge, and while candidate content knowledge is an essential part of the WWITFP, as a PBL-oriented program we remain concerned that the new state standards do not include 21st century skills to the degree that they are incorporated in the recently adopted Common Core Standards. Perhaps unsurprisingly, Indiana has decided not to participate in the Partnership for 21st Century Skills.

Overall, what do schools of education need from state policy if we are to meet the challenge of developing high-quality clinical residency programs to train high-quality teachers?

The NCATE report (2010) recommends that we work to identify state policies that impede innovation and the shift to clinically-based teacher preparation, as we are doing in this article. Grossman (2010), in her policy brief for the Partnership for Teacher Quality, calls for increased funding to schools that are willing to serve as sites for clinical experiences. Unfortunately, in Indiana we are finding an unwillingness to engage in these discussions at the state level through any formal mechanism, resulting in a reliance on political alliances for short-term survival versus long-term planning.

Federal Policy and the Urban Clinical Residency Model

Current federal education policies have not specifically addressed urban clinical residency programs, but we are monitoring a number of developments that may have the unintended consequence of limiting the national development of the clinical residency model.

Federal responses to for-profit institutional abuses of financial aid have resulted in a significant tightening of financial aid rules. Definitions of full-time and part-time student status, and requirements that graduate students pay interest on student loans while still enrolled in school, have the potential to thwart creative modifications to traditional teacher education programs to allow for clinical residencies. If financial aid officials interpret new federal regulations as specifying that aid is only available during the confines of a semester, strictly defined, then we may not be able to locate the clinical residency in a school district that has adopted a balanced/year-round calendar. The impact on our current program would be dire, as most of the urban high-need districts in the Indianapolis metropolitan area are moving in this direction. At this point, one of our partner districts has already adopted a balanced calendar; one has approved adoption beginning in 2012–2013; and the third is strongly considering approving adoption beginning in 2012–2013.

Federal policies concerning credit hours may also impact clinical residencies. While the U.S. Department of Education Inspector General's investigation into the accrediting agencies' review of credit-hour determination prompted much angst in the higher education community, final rules issued on October 29, 2010 still allow for institutional flexibility in determining how credit hours are awarded to courses and programs (Ochoa, 2011). Faculty prerogatives to create academic programs that include innovative approaches to credit distribution have been preserved. Nonetheless, we remain concerned that the angst precipitated by the Inspector General's investigation may result in university-level interpretations of policy which revert only to seat-time metrics for awarding credit (Crow, 2010). Such an interpretation would substantially limit the flexibility that clinical residency programs need as the locus of teacher preparation shifts to the clinical site, and university-based coursework plays supporting role.

Other federal education policy discussions also have the potential to impact the development and maintenance of urban clinical residency programs. These include: calls for high school curricula to be restructured for "college and career readiness," ("President Obama Calls for New Steps to Prepare America's Children for Success in College and Careers," 2010) and the related measures that will be developed to evaluate secondary education teachers; assessment systems which are being developed to measure student success on the new Common Core Standards (K–12 Center, 2011); and reports which have called for more clearly-defined expecta-

tions for cooperating teachers (NCTQ, 2011; NCATE, 2010).

In a similar vein, prompted by the popularity of Teach for America and other programs, we hear continuing national calls to support alternative teacher preparation in lieu of university-based teacher education. However, the clinical residency programs being developed in Indiana, Michigan and Ohio through the Woodrow Wilson Teaching Fellowship Program represent a hybrid model that takes the best features of university-based teacher education, such as well-developed partnerships with districts, established networks of faculty and teachers, and information about research-based best practices, and combines them with the best features of alternative programs, such as an accelerated path to licensure and an emphasis on recruiting career changers. In fact, the Indiana Department of Education (Office of Educator Licensing and Development, official correspondence to all university campus education administrators, October 15, 2010) has defined “alternative preparation programs” to include all post-baccalaureate options, including the Woodrow Wilson Indiana Teaching Fellowship Program. The lack of a consistent definition of “alternative preparation program” complicates data reports across the country, which becomes a particular problem if the data is being used to justify wholly disconnecting teacher preparation from universities.

Overall, what do schools of education need from federal policy if we are to meet the challenge of developing high-quality clinical residency programs to train high-quality teachers? As can be seen in this brief analysis, intense federal scrutiny of the challenges facing K–12 education, as well as teacher education, is generating conflicting policies at a time when research is suggesting the need for more intensive clinically-based programs, or at minimum, the need for additional research to further support that claim. We welcome attempts by accrediting agencies (NCATE, 2010) and professional organizations (AACTE, 2010) to provide some stability in support of the profession’s critically-needed reforms. AACTE’s advocacy for clinical residency programs as it lobbies on behalf of the profession at the federal level provides evidence that teacher educators are responding proactively to the challenge of reforming teacher education in order to better serve America’s children and families.

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Jennifer Drake is the Director of the Woodrow Wilson Indiana Teaching Fellowship Program, and Acting Dean of the College of Arts and Sciences at the University of Indianapolis, Indianapolis, Indiana.

Kathryn Moran is the Dean of the School of Education at the University of Indianapolis, Indianapolis, Indiana.

Deb Sachs is an Associate Director and Clinical Coordinator for the Woodrow Wilson Indiana Teaching Fellowship Program at the University of Indianapolis, Indianapolis, Indiana.

Azure Dee Smiley Angelov is an Assistant Professor in the Department of Teacher Education at the University of Indianapolis, Indianapolis, Indiana.

Lynn Wheeler is an Assistant Professor in the Department of Teacher Education at the University of Indianapolis, Indianapolis, Indiana.